



Application Data Sheet

Application Information

APPLICATION NUMBER:: 10/785,043
FILING DATE:: February 25, 2004
APPLICATION TYPE:: REGULAR
SUBJECT MATTER:: UTILITY
SUGGESTED CLASSIFICATION::
SUGGESTED GROUP ART UNIT:: 1614
CD-ROM OR CD-R?::
NUMBER OF CD DISKS::
NUMBER OF COPIES OF CDS::
SEQUENCE SUBMISSION?::
COMPUTER READABLE FORM (CRF)?:: NO
NUMBER OF COPIES OF CRF::
TITLE:: METHOD OF PREPARING
PHARMACEUTICAL
COMPOSITIONS
ATTORNEY DOCKET NUMBER:: 029300.49991D1
REQUEST FOR EARLY PUBLICATION:: NO
REQUEST FOR NON PUBLICATION:: NO
SUGGESTED DRAWING FIGURE:: N/A
TOTAL DRAWING SHEETS:: 0
SMALL ENTITY:: NO
PETITION INCLUDED?:: NO
PETITION TYPE::
LICENSED US GOVT. AGENCY::
CONTRACT OR GRANT NUMBERS::
SECURITY ORDER IN PARENT APPL.?:: NO

APPLICANT INFORMATION

APPLICANT AUTHORITY TYPE:: INVENTOR
PRIMARY CITIZENSHIP:: GERMANY
STATUS:: FULL CAPACITY

GIVEN NAME::	JOHANNES
FAMILY NAME::	HEBEBRAND
CITY OF RESIDENCE::	MARBURG/LAHN
COUNTRY OF RESIDENCE::	GERMANY
STREET OF MAILING ADDRESS::	FONTANE STRASSE 4
CITY OF MAILING ADDRESS::	MARBURG/LAHN
COUNTRY OF MAILING ADDRESS::	GERMANY
POSTAL OR ZIP CODE OF MAILING ADDRESS::	35039
APPLICANT AUTHORITY TYPE::	INVENTOR
PRIMARY CITIZENSHIP::	GERMANY
STATUS::	FULL CAPACITY
GIVEN NAME::	JOCHEN
FAMILY NAME::	ANTEL
CITY OF RESIDENCE::	BAD MUENDER
COUNTRY OF RESIDENCE::	GERMANY
STREET OF MAILING ADDRESS::	LAUENAUERSTR. 63
CITY OF MAILING ADDRESS::	BAD MUENDER
COUNTRY OF MAILING ADDRESS::	GERMANY
POSTAL OR ZIP CODE OF MAILING ADDRESS::	31848
APPLICANT AUTHORITY TYPE::	INVENTOR
PRIMARY CITIZENSHIP::	GERMANY
STATUS::	FULL CAPACITY
GIVEN NAME::	ULF
FAMILY NAME::	PREUSCHOFF
CITY OF RESIDENCE::	LEHRTE/AHLTEN
COUNTRY OF RESIDENCE::	GERMANY
STREET OF MAILING ADDRESS::	AM MUEHLENBERG 21
CITY OF MAILING ADDRESS::	LEHRTE/AHLTEN
COUNTRY OF MAILING ADDRESS::	GERMANY
POSTAL OR ZIP CODE OF MAILING ADDRESS::	31275

APPLICANT AUTHORITY TYPE::	INVENTOR
PRIMARY CITIZENSHIP::	GERMANY
STATUS::	FULL CAPACITY
GIVEN NAME::	SAMUEL
FAMILY NAME::	DAVID
CITY OF RESIDENCE::	HANNOVER
COUNTRY OF RESIDENCE::	GERMANY
STREET OF MAILING ADDRESS::	GOLLSTRASSE 9
CITY OF MAILING ADDRESS::	HANNOVER
COUNTRY OF MAILING ADDRESS::	GERMANY
POSTAL OR ZIP CODE OF MAILING ADDRESS::	30559

APPLICANT AUTHORITY TYPE::	INVENTOR
PRIMARY CITIZENSHIP::	GERMANY
STATUS::	FULL CAPACITY
GIVEN NAME::	HOLGER
FAMILY NAME::	SANN
CITY OF RESIDENCE::	HANNOVER
COUNTRY OF RESIDENCE::	GERMANY
STREET OF MAILING ADDRESS::	KAMPSTRASSE 52
CITY OF MAILING ADDRESS::	HANNOVER
COUNTRY OF MAILING ADDRESS::	GERMANY
POSTAL OR ZIP CODE OF MAILING ADDRESS::	30629

APPLICANT AUTHORITY TYPE::	INVENTOR
PRIMARY CITIZENSHIP::	GERMANY
STATUS::	FULL CAPACITY
GIVEN NAME::	MICHAEL
FAMILY NAME::	WESKE
CITY OF RESIDENCE::	BURGDORF
COUNTRY OF RESIDENCE::	GERMANY
STREET OF MAILING ADDRESS::	PAHLBERG 7
CITY OF MAILING ADDRESS::	BURGDORF

COUNTRY OF MAILING ADDRESS:: GERMANY
POSTAL OR ZIP CODE OF MAILING ADDRESS:: 31303

CORRESPONDENCE INFORMATION

CORRESPONDENCE CUSTOMER NUMBER:: 23911

REPRESENTATIVE INFORMATION

REPRESENTATIVE CUSTOMER NUMBER:: 23911

DOMESTIC PRIORITY INFORMATION

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Division of	09/907,440	July 18, 2001
09/907,440	An application claiming the benefit under 35 USC 119(e)	60/219,672	July 21, 2000

FOREIGN PRIORITY INFORMATION

Country::	Application Number::	Filing Date::	Priority Claimed::
DE	100 35 227.8	July 20, 2000	YES

ASSIGNMENT INFORMATION

ASSIGNEE NAME:: SOLVAY PHARMACEUTICALS GMBH